

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		50	2/2/01
FORMALITY REVIEW	KL	1019	03/07/01
RESPONSE FORMALITY REVIEW	71	905	6/28/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
51	5/10/04
52	13/20/03
53	03/03/04
54	11/04
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99	11/04
100	11/04

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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H.S.  
 3-7-01